



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

September 15, 2009

Thair Pond, Administrator
Tomorrow's Hope—Eagle
1655 Fairview Avenue Suite 100
Boise, Idaho 83702

RE: Tomorrow's Hope—Eagle, Provider # 13G047

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Tomorrow's Hope—Eagle, on September 10, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

Thair Pond, Administrator
September 15, 2009
Page 2 of 2

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **September 28, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. P. O.' followed by a stylized flourish.

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety and Construction Program

TB/lj

Enclosures



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October 6, 2009

Thair Pond, Administrator
Tomorrow's Hope
1655 Fairview Avenue Suite 100
Boise, Idaho 83702

RE: Request for Waiver of *IDAPA* 16.03.11.110.02.(e) for Armga, Meridian, Sapphire, Eagle, and Navarro Homes

Dear Mr. Pond:

This office has received your request dated for a waiver of the non-combustible wastebasket requirement.

Your request for waiver is approved in accordance with *IDAPA* 16.03.11.700 for a permanent variance with the following conditions:

1. A designated smoking areas outside each facility be equipped with appropriate ashtrays.
2. A single non-combustible trash receptacle be provided nearby for the disposal and holding of smoking materials.
3. Smoking materials are to be transferred and held in the non combustible container for a period of not less than 24 hours before being placed with outgoing trash.

With the above consideration, all other trash and waste containers may be of any type construction suitable to produce a more home like environment. Please keep in mind the requirements of *IDAPA* 16.03.11.100.3.a when deciding on the design of the trash containers.

If you have any questions, please contact Mark P. Grimes, Supervisor, Facility Fire Safety and Construction at (208) 334-6626.

Sincerely,

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction

MPG/lj

C: Nicole Wisenor, Co-supervisor, Non Long Term Care Program



TOMORROW'S HOPE

1655 FAIRVIEW AVENUE, SUITE 100
BOISE, ID 83702

PHONE: (208) 319-0760
FAX: (208) 319-0765

Taylor Barkley
Health Facility Surveyor
Facility Fire Safety and Construction Program
Bureau of Facility Standards
PO Box 83720
Boise, Idaho 83720-0036

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SEP 28 2009

FACILITY STANDARDS

24 September 2009

RE: Request for Waiver

Dear Mr. Barkley,

During your recent survey of our 5 Intermediate Care Facilities, you found a deficiency in State Tag MM324. (IDAPA 16.03.11.110.02(e)). Our current waste receptacles are not made of non combustible material.

I am requesting a waiver for this Tag. Our facilities are non smoking and there is little if any risk of burning material being placed into the waste cans.

In addition, the current waste receptacles are much more home like and present a more normal environment for our residents.

Therefore, I am requesting waiver of this tag for our Armga home, Medicaid #002535000, our Meridian home, Medicaid # 002534800, our Sapphire home, Medicaid # 002534900, our Eagle home, Medicaid # 002535100, and our Navarro home, Medicaid # 804053500.

Thank you for your time and effort in this manner. If you have any questions, please contact me at the above numbers.

Sincerely,

Thair Pond
Administrator

CC file,homes

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/11/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 09/10/2009
NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - EAGLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1057 RUSH ROAD EAGLE, ID 83616		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>The facility is a single story Type V (000) residential building built in 1992. It is sprinklered in living spaces and closets with quick response heads. It has a complete fire alarm/smoke detection system. Currently the building is licensed for seven (7) ICF/MR beds. The survey was conducted in accordance with 42 CFR 483.470.</p> <p>The following deficiencies were cited during the fire/life safety survey on September 10, 2009.</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Taylor Barkley - Lead Health Facility Surveyor Fire/Life Safety and Construction Program</p> <p>Mark Grimes Supervisor Fire/Life Safety and Construction Program</p>	K 000			
K0046	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>This Standard is not met as evidenced by: Based on observation it was determined that the facility failed to ensure that utilities complied with Section 9.1.</p>	K0046	<p>K0046</p> <p>The multiple electrical adapter was removed. Para Q responsible by 09/30/09</p> <p>Staff to be trained to ensure requirements are met on a continuum. Para Q to include checks for compliance during weekly house checks. Para Q responsible by 10/30/09</p>		

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FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Thair Pond, Administrator 09/24/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0046	Continued From page 1 Findings include: During the facility tour on September 10, 2009 at 1:29 PM, observation of the Office revealed a multiple electrical adapter in use. The findings were observed by facility staff and surveyors.	K0046			
K0051	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1. Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms. Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction. This Standard is not met as evidenced by: Based on observation, it was determined that the facility did not have the fire alarm system in accordance with NFPA 72. Findings include: During the tour of the facility on September 10, 2009, at 1:03 PM, observation of the Fire Alarm Control Panel revealed that the door to the panel controls was unlocked. Findings were witnessed	K0051	K0051 Fire Alarm box locked to meet requirements Maintenance responsible by 09/30/09 Fire Alarm box to remain locked and checked during monthly maintenance checks and reviewed during Monthly Quality Assurance reviews Para Q and Q responsible by 10/30/09		

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K0051	<p>Continued From page 2 and noted by facility staff and surveyors.</p> <p>NFPA 72 National Fire Alarm Code 1999 Edition 1-5.4.8 Alarm Signal Deactivation. A means for turning off activated alarm notification appliances shall be permitted only where it is key-operated, located within a locked cabinet, or arranged to provide equivalent protection against unauthorized use. Such means shall be permitted only if a visible zone alarm indication or the equivalent has been provided as specified in 1-5.7.1, and subsequent actuation of initiating devices on other initiating device circuits or subsequent actuation of addressable initiating devices on signaling line circuits cause the notification appliances to reactivate. A means that is left in the " off " position when there is no alarm shall operate an audible trouble signal until the means is restored to normal. If automatically turning off the alarm notification appliances is permitted by the authority having jurisdiction, the alarm shall not be turned off in less than 5 minutes.</p> <p>Exception No. 1: If otherwise permitted by the authority having jurisdiction, the 5-minute requirement shall not apply.</p> <p>Exception No. 2: If permitted by the authority having jurisdiction, subsequent actuation of another addressable initiating device of the same type in the same room or space shall not be required to cause the notification appliance(s) to reactivate.</p> <p>1-5.4.9 Supervisory Signal Silencing. A means for silencing a supervisory signal notification appliance(s) shall be permitted only if it is key-operated, located within a locked enclosure, or arranged to provide equivalent protection against unauthorized use. Such a means shall be permitted only if it transfers the</p>	K0051			

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FORM CMS-2567(02-99) Previous Versions Obsolete

HIPZ21

If continuation sheet Page 4 of 5

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K0147	<p>Continued From page 4</p> <p>Based on interview and record review, it was determined that the facility had not ensured that there was a plan for the protection of all persons in the facility.</p> <p>The findings include:</p> <p>Staff interview and record review on September 10, 2009, at 1:16 PM, disclosed that staff could not find a plan for the protection of all persons in the facility and staff stated they did not know what the plan consisted of. Findings were witnessed and noted by facility staff and surveyors.</p>	K0147			

Bureau of Facility Standards

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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story Type V (000) residential building built in 1992. It is sprinklered in living spaces and closets with quick response heads. It has a complete fire alarm/smoke detection system. Currently the building is licensed for seven (7) ICF/MR beds. The survey was conducted in accordance with applicable fire/life safety requirements set forth in IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR).</p> <p>The following deficiencies were cited during the fire/life safety survey on September 10, 2009.</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Taylor Barkley - Lead Health Facility Surveyor Fire/Life Safety and Construction Program</p> <p>Mark Grimes Supervisor Fire/Life Safety and Construction Program</p>	M 000		
MM324	<p>16.03.11.110.02(e) Wastebaskets</p> <p>All wastebaskets must be of noncombustible or other approved materials. This Rule is not met as evidenced by: Based on observation it was determined that wastebaskets that were not made of noncombustible material.</p> <p>Findings include:</p> <p>During the facility tour on September 10, 2009 at 1:30 PM, observation of the Office revealed a wastebasket that was not made of</p>	MM324	<p>MM324</p> <p>Facility to request waiver to meet this requirement. Facility is non smoking and the current waste receptacles provide a more normal home like environment. See attached waiver request.</p> <p>Administrator responsible by 09/30/09</p>	

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MM324	Continued From Page 1 noncombustible material. Findings were witnessed and noted by facility staff and surveyors.	MM324		